1. PLACE OF DEATH

## MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space. 25998

Township.    City.   Martinet   No.   No.   No.   No.   No.					Registration District No. File No.						
2. FULL NAME  (a) Residence, No. of abode)  Length of residence in city or town where death occurred  (if nonresident, give city or town and State)  Length of residence in city or town where death occurred  (if nonresident, give city or town and State)  Length of residence in city or town where death occurred  (if nonresident, give city or town and State)  PERSONAL AND STATISTICAL PARTICULARS  3. EX  4. COLOR OR RACE  5. SINGLE MARBIED, WIDOWED, OR DUNNED  DUNNED OF DUNNED OR DUNNED  DUNNED OF DUNNED OR DUNNED  DUNNED OF DUNNED OR DUNNED  1. DATE OF DEATH (MORTH, DAY, AND VEAR)  2. I HEREBY CERTIFY. That I attended decommed from the sale of the second		Township Primary I				Primary Registrati	on District N	10. 30/S'	Registered No 22		
(a) Reddence, No. (Usual place of labode) Length of reddence in city or town where death occurred  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  A. COLOR OR RACE  Devenced (or first the word)  SA. If MARKET WOODEN, OR DIVORCED  ON WIFE or  ON HOTE OF BIRTH (MONTH, DAY, MAD YEAR)  A. Trade, profession, or particular kind of work does, as sphaner, savyer, boekkeeper, sic.  The other of savyer, boekkeeper, sic.  S. Trade, profession, or particular kind of work does, as sphaner, savyer, boekkeeper, sic.  S. BIRTHPLACE (CITY OR TOWN)  S. BIRTHPL			City Amuelle (No							***************************************	Ward)
(a) Reddence, No. (Usual place of labode) Length of reddence in city or town where death occurred  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  A. COLOR OR RACE  Devenced (or first the word)  SA. If MARKET WOODEN, OR DIVORCED  ON WIFE or  ON HOTE OF BIRTH (MONTH, DAY, MAD YEAR)  A. Trade, profession, or particular kind of work does, as sphaner, savyer, boekkeeper, sic.  The other of savyer, boekkeeper, sic.  S. Trade, profession, or particular kind of work does, as sphaner, savyer, boekkeeper, sic.  S. BIRTHPLACE (CITY OR TOWN)  S. BIRTHPL			4 2	>	1. 2	•	S		0 - '-		•
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX	.										
PERSONAL AND STATISTICAL PARTICULARS  S. SEX  4. COLOR OR RACE  5. SINGLE MARRIED, WIDOPED, OR DUORED (prife the word)  1. SEX  4. COLOR OR RACE  5. SINGLE MARRIED, WIDOPED, OR DUORED (prife the word)  1. SEX  6. DATE OF DEATH (MONTH, DAY, AND YEAR)  7. AGE  7. AGE  7. AGE  7. AGE  8. Trade, profession, or particular day, and state above, at 2.130 marks and related cause of importance were as follows:  8. Trade, profession, or particular way will, bank, etc.  9. Industry or business in which work was done, as ells mill, sew mill, bank, etc.  10. Date deceased last worked at sew mill, bank, etc.  10. Date deceased last worked at sew mill, bank, etc.  10. Date deceased last worked at sew mill, bank, etc.  10. Date deceased last worked at seve mill, bank, etc.  10. Date deceased last worked at seve mill, bank, etc.  10. Date deceased last worked at seve mill, bank, etc.  10. Date deceased last worked at seve mill, bank, etc.  10. Date deceased last worked at seve mill, bank, etc.  10. Date deceased last worked at seve mill, bank, etc.  10. Date deceased last worked at several source of importance:  11. Total time (years) spent in this occupation (month and year)  12. BIRTHPLACE (CITY OR TOWN)  13. If death was due to extend accuse (violence), fill in also the following: Accident, suicide, or homicide?  14. BIRTHPLACE (CITY OR TOWN)  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL  19. UNDERFLAKER T.  19. UNDERFLAKER		(Usual place of abode)  Length of residence in city or town where death occurred yrs. mos.					<b>t.,</b>	Ward	nonregident, give city	or town and Ste	
PERSONAL AND STATISTICAL PARTICULARS    A. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED, OR DUORED Private word)   21. DATE OF DEATH (MONTH, DAY, AND YEAR)   2   - 1933.   22.   I HEREBY CERTIFY, That I attended deceased from many 1933, to 1, 1933.   1933	9						ds.				
DUORCED (prife the word)  3. If MARRIED WILDOWED, OR DIVORCED (OR) WIFE OF  5. DATE OF BIRTH (MONTH-DAY, AND YEAR)  7. AGE  8. Trade, profession, or particular kind of work done, as spinner, as wayer, believed.  9. Industry or business in which as wayer, believed at this occupation.  10. Date deceased last worked at this occupation.  10. Date deceased last worked at this occupation.  11. Total time (years) what test confirmed diagnosis was displayed.  12. BIRTHPLACE (CITY OR TOWN).  13. NAME  14. BIRTHPLACE (CITY OR TOWN).  15. MAIDEN NAME  17. INFORMANT (ADDINAS)  18. BUSINERALE (CITY OR TOWN).  19. UNDERTAKER  19	SEP 26 19						MEDICAL CERTIFICATE OF DEATH				
53. IF MARDIERY WILDOWED, OR DIVORCED  (10.) WIFE OF (10.)							21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 - 29- ,1935.				
I last saw harmonic form of the first of the		Teurle While Willow					di				
S. DATE OF BIRTH (MONTH DAY, AND YEAR)   S. Trade, profession, or particular kind of work done, as sign mer, saver, bookkeeper, etc.   S. Industry or business in which work was done, as sign mill, saw mill, bank, etc.   S. Industry or business in which work was done, as sign mill, saw mill, bank, etc.   S. Industry or business in which occupation (month and year)   S. Date doceased last worked at this occupation (month and year)   S. Date of Country (STATE OR COUNTRY)   S. DATE OF COUNTRY)   S. MAIDEN NAME   S.							mar 1894 - , 1933, to aug 2 9th _ 1933				
6. DATE OF BIRTH (MONTH: DAY, AND YEAR)  7. AGE  YEARS  MONTHS  DAYS  If LESS than 1 day, hrs. or min.  6. Trade, protession, or particular sawyer, bookkeeper, otc. your days, septimer, sawyer, bookkeeper, otc. your days done, as significant this occupation (month and year)  10. Date doceased last worked at this occupation (month and year)  (STATE OR COUNTRY)  11. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  12. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  13. NAME  14. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  15. MAIDEN NAME  16. Date doceased last worked at this occupation  17. INFORMANT  18. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  19. UNDERTRACE (CITY OR TOWN)  11. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  19. UNDERTRACE (CITY OR TOWN)  10. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  10. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  11. INFORMANT  12. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  13. BURIAL, CREMATION, OR REMOVAL  PLACE AND		(OR) WIFE OF Must Crais					I last saw her alive on aug. 2 9th 1933, Death is said				
7. AGE YEARS MONTHS DAYS If LESS than I day,		6 DATE OF BIRTH (MONTH DAY AND YEAR) 40- 246-185					to have o	ccurred on the date state			
8. Trade, profession, or particular kind of work done, as spinner, saver, bookkeeper, etc.  9. Industry or business in which work was done, as slik mill, saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  13. NAME  14. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  16. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  17. INFORMANT  (ADDRESS)  18. BURIAL, CREMATION, OR REMOVAL  PLACE  PLACE  19. UNDERTAKER  (ADDRESS)  19. UNDERTAKER  (ADDRESS)  19. UNDERTAKER  (Signed)  19. MA D. ARWT3 AWWYTTA					DAYS	If LESS than 1	The princ	ipal cause of death and :	related causes of impo	rtance were as	follows:
8. Trade, profession, or particular kind of work done, as optamer, sawyer, bookkeeper, std.  9. Industry or business in which work was done, as elik mill, see we mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) occupation.  12. BIRTHPLACE (CITY OR TOWN)  13. NAME  14. BIRTHPLACE (CITY OR TOWN)  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT  17. INFORMANT  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL  PLACE (LITY OR TOWN)  19. UNDERTAKER  20. FILED  19. UNDERTAKER  20. (Signed)  20. (Signed)  20. (Signed)  20. (Address)	) (35) 4		22	0 1			a	× 1	4 C	Later Dat	e of onset
kind of work done, as splanner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, sew mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (CITY OR TOWN)  13. NAME  14. BIRTHPLACE (CITY OR TOWN)  15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT  (ADDRESS)  18. BURIAL, CREMATION, OR REMOVAL  PLACE  19. UNDERTAKER  19. (Signed)  10. Date of injury  11. (Signed)  12. Was disease or injury in any way related to occupation of deceased? Tow (Address)  18. (Signed)  19. (Signed)  19. (Signed)  19. (Signed)  10. (Signed)  10. (Signed)  10. (Signed)  11. (Signed)  12. (Signed)  13. (Address)  14. (Signed)  15. (Signed)  16. (Signed)  17. (Specify city or town, county, and State)  18. (Signed)  19. (Signed)  19. (Signed)  19. (Signed)  19. (Signed)  19. (Address)		_					x alc	morning gran	ousen -	2	
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12. BIRTHPLACE (CITY OR TOWN).    13. NAME		ŏ	this occupation (month and spent in this				Other cor	tributory causes of impor	tance:		
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23. If death was due to external causes (violence), fill in also the following:  Accident, suicide, or homicide? Date of injury		Œ	0				]] <u>;;</u> ,		ļ		
23. If death was due to external causes (violence), fill in also the following:  Accident, suicide, or homicide? Date of injury		Ή	13. NAME Perge 1000C				Name of	operation Z	استوت	Date of	
23. If death was due to external causes (violence), fill in also the following:  Accident, suicide, or homicide? Date of injury		.A.					What test	confirmed diagnosis?	weal Was the	re an autopsy?	2-0
Accident, suicide, or homicide? Date of injury			(STATE OR COUNTRY)				23. If des	th was due to external ca	uses (violence), fili in	also the follow	ng:
Specify whether injury occurred in industry, in home, or in public place.  17. INFORMANT (ADDRESS)  18. BURIAL, CREMATION, OR REMOVAL PLACE  19. UNDERTAKER  (ADDRESS)  20. FILED  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)		H	15. MAIDEN NAME Mary & Consuse				11				_
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19. UNDERTAKER 77. 1930 On PROVIDENCE (Address) (Signed) (Signed) (Address)							Nature of	injury			7
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20 FILEDAMY 31 130 & PWB ownth (Address Boomille, Ma		19. UNDERTAKER / T. N. Cauplan					If so, spec	ily	0		
			(ADDRESS) Mustall Mo.				(Signed) W. D.				
		20. FILEDALY 31 1920 Or MUB ON Registrar.					∦ (	Address	nce,	Ma	

